

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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OLMS USE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6419</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert C Sweeney</u> P.O. Box, Bldg., Room No., if any Street <u>142 Greenvale Road</u> City <u>Cherry Hill</u> State <u>New Jersey</u> ZIP Code + 4 <u>08034</u>	4. Name, file number, and address of labor organization. Name <u>IABSO&amp;R Iron Workers Local Union 399</u> Labor Organization File Number <u>034-927</u> P.O. Box, Building and Room Number, if any Street <u>409 Crown Point Road</u> City <u>Westville</u> State <u>New Jersey</u> ZIP Code + 4 <u>08093-1359</u>
5. Position in labor organization. <u>President and Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert C. Sweeney

On

8/8/05  
Date

856-456-9323

Telephone Number

Name of Person Filing <b>Robert Sweeney</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>ARK Asset Management Co</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>125 Broad Street</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10004</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>Iron Workers Local 399 Annuity Fund</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>409 Crown Point Road</b></p> <p>City <b>Cherry Hill</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>08093-1359</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Annuity fund money managers</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$40,000</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Luncheons and dinners at business meetings</b></p> <hr/> <p><b>12.b. Amount.</b> <b>\$423</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b></b></p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b> <b></b></p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Ironworkers District Council Phila &amp; Vicinit</u></p> <p>Trade Name, if any: <u>Benefit &amp; Pension Plan</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6401 Castor Avenue</u></p> <p>City <u>Philadelphia</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>19149</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Benefit and pension plan for union members</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Transportation, lodging, and meals at trustee meetings</u></p> <p>12.b. Amount. <u>\$2,930</u></p>

Name of Person Filing Robert Sweeney	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>M.D. Sass Associates, Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>18th Floor</u></p> <p>Street <u>1185 Avenue of the Americas</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10036</u></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <u>Iron Workers Local 399 Annuity Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>409 Crown Point Road</u></p> <p>City <u>Westville</u></p> <p>State <u>New Jersey</u> ZIP Code + 4 <u>08093-1359</u></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><u>Annuity fund money managers</u></p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> <u>\$40,000</u></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><u>Luncheons and dinners at business meetings</u></p>
	<p><b>12.b. Amount.</b> <u>\$224</u></p>

Name of Person Filing Robert Sweeney

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Iron Workers Local 399 Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 409 Crown Point Road

City Westville

State New Jersey

ZIP Code + 4 08093-1359

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Annuity benefit for union members

## 11.b. Approximate dollar value of such dealing.

\$2,000,000

## 12.a. Nature of interest held or income received.

Luncheons and dinners at business meetings

## 12.b. Amount.

\$150

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Iron Workers Local 399 Apprenticeship Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 409 Crown Point Road

City Westville

State New Jersey ZIP Code + 4 08093-1359

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Training of individuals on work and in job classifications covered by Collective Bargaining Agreements

## 11.b. Approximate dollar value of such dealing.

\$225,000

## 12.a. Nature of interest held or income received.

Luncheons and dinners at business meetings

## 12.b. Amount.

\$225

Name of Person Filing Robert Sweeney	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IABSO&amp;R Iron Workers</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 400</p> <p>Street 1750 New York Avenue N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Pension benefit for union members</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Transportation, lodging, and meals at business meetings</p> <p>12.b. Amount. \$234</p>